



### 5. Membership Description

Category	Membership fee (GST inclusive) <sup>1</sup>	Please Tick
Individual Membership <sup>2</sup>	\$22 <sup>3</sup>	<input type="checkbox"/>

**I support the vision and objectives of the Alcohol Tobacco and Other Drug Association ACT Inc.**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### 6. Payment Options and Details

Please complete the information below in relation to payment options and details. For EFT transactions please provide a name on the transfer details.

Please tick one	<input type="checkbox"/> cheque <input type="checkbox"/> electronic funds transfer (EFT) <input type="checkbox"/> invoice required
ATODA Bank Details	BSB: 032-719 Account Number: 535790 Account Name: Alcohol Tobacco and Other Drug Association ACT Incorporated <i>Please provide your / your organisation's name on the transfer description</i>

### TO SUBMIT:

**Please return this completed renewal form to:**  
 Alcohol Tobacco and Other Drug Association ACT Inc  
**Email:** [info@atoda.org.au](mailto:info@atoda.org.au)  
**Post:** PO BOX 7009 Kaleen ACT 2617

**Please phone our office if you have any questions phone: (02) 6249 6358**

#### Office Use Only

Date Received:
Date Accepted by the Board:
Signature:

<sup>1</sup> **Pro-rata Rates:** ATODA membership is for a fixed period of a financial year, 1 July – 30 June. Membership applications received between 1 January and 30 June are invoiced on a pro-rata basis, meaning you will only be invoiced for the part of the financial year you are a member. ATODA will request a membership renewal in July each year.

<sup>2</sup> Individuals must be 18 years of age or older.

<sup>3</sup> If a member is experiencing hardship please contact the ATODA office.